

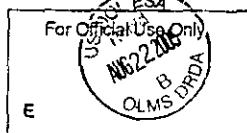
U.S. Department of Labor  
Office of Labor-Management  
Standards  
Washington, DC 20210

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2922</u>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name GARY E DWYER  P.O. Box, Bldg., Room No., if any  Street 4356 PARKSHORE DRIVE  City LOUIS CENTER  State Ohio ZIP Code + 4 43035	4. Name, file number, and address of labor organization.  Name IRON WORKERS LOCAL NO. 17  Labor Organization File Number 030-592  P.O. Box, Building and Room Number, if any  Street 1544 EAST 23RD STREET  City CLEVELAND  State Ohio ZIP Code + 4 44114
5. Position in labor organization. PST BUS MGR/BENEFIT PLAN TRUSTEE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.        7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Gary E. Dwyer</u>	On <u>8/14/05</u> <u>614-403-3290</u> Date Telephone Number

Name of Person Filing GARY DWYER		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State Ohio ZIP Code + 4</p>		<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State Ohio ZIP Code + 4</p>		<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>		
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name BOYD WATTERSON ASSET MANAGEMENT, LLC</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1801 EAST 9TH STREET SUITE 1400</p> <p>City CLEVELAND</p> <p>State Ohio ZIP Code + 4 44114-3179</p>		<p>14.a. Nature of payment.</p> <p>LABOR OF LOVE GOLF OUTING/DINNER DATE: 3/5/04</p> <p>RE: IRON WORKERS LOCAL 17 BENEFIT PLANS</p>
<p>13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?</p>		<p>14.b. Amount of payment.</p> <p>\$131</p>

Name of Person Filing GARY DWYER	File Number U-
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## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name BOYD WATTERSON ASSET MANAGEMENT, LLC  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1801 EAST 9TH STREET SUITE 1400  City CLEVELAND  State Ohio ZIP Code + 4 44114-3179	14.a. Nature of payment.  BUSINESS DINNER/APL-CIO CONVENTION IN WASHINGTON DC. DATE: 3/26/04. RE: IRON WORKERS 17 FRINGE BENEFIT PLAN. (SMITH & WOLLENSKY)
13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment. \$155

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name BOYD WATTERSON ASSET MANAGEMENT, LLC  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1801 EAST 9TH STREET SUITE 1400  City CLEVELAND  State Ohio ZIP Code + 4 44114-3179	14.a. Nature of payment.  BUSINESS LUNCHEON DATE: 7/12/04 RE: IRON WORKERS 17 FRINGE BENEFIT PLAN. (DONS LIGHTHOUSE)
13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment. \$27

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name ROBECO INVESTMENT MANAGEMENT  Trade Name, if any: BOSTON PARTNERS  P.O. Box, Bldg., Room No., if any  Street 28 STATE STREET  City BOSTON  State Massachusetts ZIP Code + 4 02109	14.a. Nature of payment.  BUSINESS DINNER/ DATE/ 3/31/04 RE: IRON WORKERS 17 FRINGE BENEFIT PLAN. DINNER WITH 13 ATTENDEES. PAYMENT AMOUNT INCLUDES DINNER WITH MYSELF AND GUEST.
13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment. \$280